

Effective October 1, 2004

Application or Docket Number

10/512022

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												THAN
		·	(Column 1)		(Column 2)			TYPE		OB	OTHER THAN	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	950
TOTAL CHARGEABLE CLAIMS			/6 minus 20≠		•			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			7 minus 3 =		· 4			x 44		OR	x 88	350
ΜL	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					1150		1	0.10	73 0 ~
- 11	the difference	in column 1 is	less than a	zero, enter	"0" in column 2			+ 150		OR		1242
	. С	I AIMS AS A	MENDED - PART II				TOTAL	L	OR	TOTAL	1305	
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=	·	OR	XS18=	
AME	Independent	* NTATION OF MI	Minus	TOTAL TOTAL	· CL A114	=		X 44		OR	x 88	
<u></u>	FIRST PRESE		*150		OR	+300						
• •								TOTAL			TOTAL	
		(Column 1)		(Colun	nn (2)	(Column 3)	٩	DDIT. FEE			ADDIT. FEE	
_		CLAIMS		HIGH		(Column 3)	ı		4 D D 1			1551
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus ~	**		=		XS 9=		OR	X\$18=	•
AME.	Independent	<u> </u>	Minus	***		=				00		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		·
										OR.		
						•		TOTAL DDIT. FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	┢					
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
									ļ	OR		
	The Highest Nur	nn 1 is less than th nber Previously Pa	id For IN TH	IS SPACE is	less than	'20' enter *20 *		TOTAL		OR ;	TOTAL	
	1 the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN TH	IS SPACE is	less than	3 enter "3 "	~.	ODIT. FEE L			ADDIT. FEE L	
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